#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
20-RC-242622	6/4/2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1215 Hamilton Court 14.1 bike shop 1 Hacker Way CA Menlo Park 94025-Bikes Make Life Better/Facebook 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Tim Pirkey 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address timothypirkey@fb.com (650) 313-4025 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Bike Share Menlo Park, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 51 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 05/28/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): Classroom at the Warehouse 10-12:30pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 2507 Church Ave Apt 1 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Transport Workers Union of America 12g. E-Mail Address edryburgh@twu.org 12d Tel No 12e, Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Eric Dryburgh 05/31/2019 18:36:08 Eric Dryburgh

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

#### Attachment

DO NOT WRITE IN THIS SPACE				
Case		Date Filed		

Employees Included Bike ambassadors, rebalancers, bike moves captains, warehouse mechanics, and shop mechanics.

Employees Excluded Managers

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE	IN THIS SPACE	
Case No.	20-RC-242645	Date Filed	06/03/2019

INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate							
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form							
(Form NLRB-505); and (3) Descript							
with the NLRB and should not be s				<b>/</b>	•	,	
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTATI	VE - A substantial number	of employees wish to	be represented	for purposes of collective	/e
bargaining by Petitioner and Petitioner d	esires to be certifi	ed as representativ	e of the employees. The l	Petitioner alleges th	at the following	circumstances exist	and
requests that the National Labor Rela	tions Board proc						
2a. Name of Employer Maui Health System		1	dress(es) of Establishment		na number, city,	State, ZIP code)	
	4 T:#-	22110	lahalani St., Wailuku			<del> </del>	
3a. Employer Representative - Name and Lee Matsui - Human Resources/L			3b. Address (If same as	20 – state same)			
		15 	same	т	00 5 44-11 4-14		
3c. Tel. No. 808-244-9056	3d. Cell No.		3e, Fax No.		3f. E-Mail Addi	ess	-
	<u> </u>		ļ. <del></del>			180	
4a. Type of Establishment (Factory, mine, v	wholesaler, etc.)	4b. Principal prod	duct or service		1 -	and State where unit is l	ocated:
Hospital		Security	<u>.</u>		Wailuku	<del> </del>	
5b. Description of Unit Involved						6a. No. of Employees i	n Unit:
Included: ALL FULL-TIME AND PAR						6b. Do a substantial nu	
DUTIES AS DEFINED IN SECTION S HEALTH SYSTEM @ 221 MAHALAN			OR RELATIONS ACT,	EMPLOYED BY M	AUI	or more) of the employ	
•						unit wish to be represe	
Excluded: ALL OFFICE CLERICAL EMPL	OYEES, PROFES	SSIONAL EMPLOY	EES AND SUPERVISORS	AS DEFINED BY TH	É ACT.	Petitioner? Yes ✓	No
Check One: 7a. Request for re-	cognition as Barga	ining Representative	e was made on (Date)	·an	d Employer ded	ined recognition on or a	bout
<u> </u>	(Date)	(If no reply received	d, so state). no				
			epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified Bar	gaining Agent <i>(If</i>	none, so state).	8b. Address				
none	1 64 6-51 11-		I de Ferrite	· · · · · · · · · · · · · · · · · · ·	DC 5 44-7 4-4		22
8c. Tel No.	8d Cell No.		8e. Fax No.	8f. E-Mail Address 🔾 😓			.RB
8g. Affiliation, if any 8h. Date of				Certification	8i. Expiration [	ate of Current-of Most F	Reception
		į			Contract, if any	(Month Day, Xear)	rn
					<u> </u>	<del></del>	프유
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) involved	? no If so, approx	imately how many en	nployees are pa	rticipating?	<u>-</u> ₽.≥
(Name of labor organization)		, has pick	eted the Employer since (/	Month, Day, Year)			VE
10. Organizations or individuals other than	Petitioner and tho	se named in items	8 and 9, which have claim	ed recognition as rep	resentatives and	other organizations and	pajviduals
known to have a representative interest in a	any employees in	the unit described i	in item 5b above. (If none,	so state)		< \?	N
none				·		<u> </u>	
10a. Name	10b. Ad-	aress		10c. Tel. No.		10d. Cell No.	7
				10e. Fax No.		10f. E-Mail Address	•
						<u>L</u>	
<ol> <li>Election Details: If the NLRB conduct any such election.</li> </ol>	s an election in thi	s matter, state you	r position with respect to	11a, Election Type:	Manual	/_Mail Mixed Ma	nual/Mail
11b. Election Date(s): 6/25/19	11c. El mail	ection Time(s):		11d. Election Locat	tion(s):		
12a. Full Name of Petitioner ( <i>including la</i>			et and number of	ity, state, and ZIP code)			
International Union, Security, Police and		25510 Kelly Road,					
12c. Full name of national or international la international Union, Security, Police and F				t (if none, so state)			
					12g. E-Mail Ad	dress	
586-772-7250 X111 586-872-5634 586-772-9644 organize@spfpa.org							
13. Representative of the Petitioner who	•						
13a. Name and Title Gordon Gregory, General Counsel 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226							
13c. Tel No.	13d. Cell No.		. 13e. Fax No.		13f. E-Mail Add	dress	
313-964-5600		, .	313-964-2125		Gordon@Unio		
I declare that I have read the above petit	ion and that the	statements are tru	e to the best of my know	rledge and belief.	_	-	
Name (Print) Si	gnature /		Title		Date		
David L. Hickey	1 XL	′ ×	International President		5/30/19		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RM) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RM PETITION

		DO NOT WRITE IN THI	S SPACE	
Çase No.	20-	RM-242557	Date Filed 06/03/19	
			A 1 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.initaingov., submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812); The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative, If a charge under Section 8(b)(7) of the Act has been filled involving the Employer/Petitioner named in this pelition, this statement shall not be deemed made. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer/Petitioner: 91-489 Komohana Street, Kapolei, Hawaii 96707 SSB Manufacturing 3a. Employer/Petitioner Representative - Name and Title: 3b. Address (if same as 2b - state same): Mark Howard, Operations Manager, Same Simmons Bedding 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No. 808.682.7233 808.282.7507 808.772.5000 mhoward@sertasimmons.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Bedding Manufacturing 5a. Description of Unit Involved: 5b, City and State where unit is located: Kapolei, Hawaii Included: All historically represented production, maintenance, truck driver employees of the consolidated Serta and Simmons bargaining units 6. Number of Employees in 29 Unit Excluded: All other classifications, including managers, supervisors, confidential employees & guards as defined by the Act
Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable

7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_ ----70 X 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. 8a. Name of Recognized or Certified Bargaining Agent - Name 8b. Affiliation, if any: Int'l Longshore and Warehouse Union, Local 142 8c. Address 8d. Tel. No 8e. Cell No. Dillon Hullinger, Business Agent 808.949.4161 808.864.1296 451 Atkinson Drive, Honolulu, Hawaii 96814 8f. Fax No. 8g. E-Mail Address 808.941.5867 dhullinger@ilwulocal142.org 9. Date of Recognition or Certification 10. Expiration Date of Current or Most 2/29/2020 Recent Contract, if any (Month, Day, Year) 11. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above, (If none, so state) Hawaii Teamsters and Allied Workers Union, Local 996 12a. Name and affiliation if any 12c. Tel. No. 12d. Cell No. Asimoto Fakaosi, Assistant to the 808.847.6633 808,940,3540 President/Organizer, 1817 Hart Street, 12e. Fax No. 12f. E-Mail Address Asi@hawaiiteamsters.com Honolulu, HI 96819 808.842.4575 13. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 13a, Election Type: QCR following consolidation of two facilities. See cover letter to RM Petition. Mixed Manual/Mail 13b. Election Date(s): 13c. Election Time(s): 13d, Election Location(s) June 10, 2019 **TBD** Both Serta and Simmons plants 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14a. Name and Title: 14b. Address (street and number, city, State and ZIP code): Littler Mendelson, P.C., 900 Third Avenue, New York, NY 10022-3298. Robert C. Long 14c, Tel. No. 14d. Cell No. 14e: Fax No. 14f, E-Mail Address 212,583,2661 312.953.9022 614.573.9742 rlong@littler.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Robert C. Long 06/03/19 Attorney

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 15 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or fillgation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
20-RC-242902	6/7/2019				

Table Employer Representative - Name and Tiles:  Linda Lang, Chief Human Resources Officer  30. A Drake's Landing Rd., Suite 110, Greenbrac, CA 94904  3c. Tel. No.  (415) 462-4096  4b. Philosphila Sc. City and State where unit is located: Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. Description of Unit involved: Include a reproject on Service Healthcare. Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. Description of Unit involved: Include employees in the Professional and Technical Lab Technicals. Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, CA 4407  Healthcare Sc. City and State where unit is located: Greenbrac, Ca 4407  Healthcare								ZU-r	(C-2429	02	0///2019
berganing by Petitioner and Petitioner decisions to curified as representable of the employees. The Petitioner alleges that the following circumstances exist and reguests that the National Labor Relations Board proceed under its propers arthority pursuant to Section 9 of the Relational Labor Relations.  2a. Rames of Employer:  2b. Address and Employer (State and number, City, State, ZP code):  2c. Tal. No.  3c. Tal. No.  3c. Tal. No.  3c. Tal. No.  3c. Tal. No.  3d. Cell No.  3d. Fax No.  4d. 15) 464-2096  4d. Principal Product or Services  5d. Coll and State where unit is located:  6d. Coll an	employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation										
Agric General Hospital   250 Bon Air Road, Greenbrae, CA 94904   3a. Employer Representative - Name and Tiles:	bargaining by Petitioner and Petiti	ioner desires to b	e certified a	s represe	entative of the	ne employees. The	Petitio	ner alleges	that the foll	owing circumstance	
Agric General Hospital   250 Bon Air Road, Greenbrae, CA 94904   3a. Employer Representative - Name and Tiles:	2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) in	volved	(Street and I	number, City	State, ZIP code):	
Section   April   Ap	Marin General Hospital			1				-			
Section   April   Ap	3a. Employer Representative - Nan	ne and Title:		3b. Add	ress (if sam	e as 2b - state san	ne):				
41.57 461-4407   Linda_Lang@maringeneral.org   4h. Principal Product or Service   San City and Sizes where unit is located: Hospital   4h. Principal Product or Service   San City and Sizes where unit is located: Hospital   5b. Description of Unit involved: Including an expension of Including Inclu			Officer	300 A	Drake'	s Landing Rd	., Sui	te 110, C	Greenbrae	e, CA 94904	
4a. Type of Establishment (Fectory, mine, wholesaler, etc.)   4b. Principal Product or Service   Healthcare	3c. Tel. No.	3d. Cell No.			3e. Fax No	).		3f. E-Mail A	ddress		
4a. Type of Establishment (Fectory, mine, wholesaler, etc.)   4b. Principal Product or Service   Healthcare	(415) 464-2096				(415)4	61-4407		Linda.L	ang@ma	ringeneral.org	
Southern   Committee   Commi	4a. Type of Establishment (Factory, I	mine, wholesaler,	etc.)	-	4b. Princip	al Product or Servi	ce				ocated:
Sp. Description of Unit Involved:	Hospital				Healtho	are			Greenbra	e, CA	
Included: All full-line and regular part-line Clinical Lab Technicians and Medical Lab Technicians.	5b. Description of Unit Involved:								6a. Numbe	r of Employees in Uni	t
Petitioner seeks an Armour-Globe election to include employees in the Professional and Technical Unit. Excluded:  All other employees, guards and supervisors  All other employees, guards and supervisors  on or about (Dais)  7. Request for recognition as Bargaining Representative was made on (Date)  7. Petition  7. Petition  8. Position or or about (Dais)  8. None.  8. Tel. No.  8. Cell No.  8. Ex No.  8. Ex No.  8. Ex No.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Tel. No.  8. Expiration Date of Current or Most Recognition or Certification or Certification under the Act.  8. Tel. No.  8. Fax No.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date of Current or Most Recognition or Certification under the Act.  8. Expiration Date or Current or Most Recognition or Certification und	•	ar part-time Cli	nical Lab	Technic	cians and	Medical Lab Te	chnicia	ins.			
All other employees, guards and supervisors Chack One: ② 7a. Request for recognition as Bargaining Representative was made on (Date)	Petitioner seeks an Armour-Glo	obe election to	include e	mployee	es in the F	Professional and	Techr	nical Unit.			
All Other employees, guards and supervisors   Tak Request for recognition as Bargaining Representative was made on (Date)   by petition   on an about (Date)   on and Employer declined recognition   on an about (Date)   on and Employer declined recognition   on an about (Date)   on and Employer declined recognition   on an about (Date)   on and Employer declined recognition   on an about (Date)   on and Employer declined recognition   on an anti-project of the petition   on an anti-project of the petition   on an Employer declined recognition   on an Employer declined recognition   on an Employer declined recognition on an Employer declined recognition on an Employer declined recognition on the petition   on an Employer declined recognition on the petition	Excluded:								6b. Do a s	ubstantial number (30°	% or more)
Check One: 2 7 As Request for recognition as Bargaining Representative was made on (Date) (if no reply recolved, os state).    7th Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.   8s. Name of Recognized or Certified Bargaining Agent (if none, so state)	All other employees, guar	ds and supe	visors								
on or about (Date)   The Petitioner is currently recognized as Bangahing Agent (if no reply received, as statie).    The Petitioner is currently recognized as Bangahing Agent (if none, so state)				sentative	was made	on (Date)	v netiti	on an			12 103 110
Beautiful None   Beau						state).			,	•	
Sec. Tel. No.   Sec. Tel. No							ation und	der the Act.			
8c. Tel. No. 8d. Cell No. 8e. Fax No. 8e. Fax No. 8f. E-Mail Address  8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year)  9, Is there now a strike or picketing at the Employer's establishment(s) involved? No. 1f so, approximately how many employees are participating? (Name of Labor Organization)  10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, a state)  None. 10a. Name 10b. Address 10b. Address 10b. Address 10b. Address 10b. Address 10b. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election. 11a. Election Type: 11d. Election Type: 11d. Election Type: 2:00pm – 2:30pm 11d. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election. 11a. Election Type: 11d. Election Type: 1		ed Bargaining A	ent (If none	e, so stat	ө) 8b. Ad	idress:					
Big. Affiliation, if any:  Sh. Date of Recognition or Certification  Si. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  9. Is there now a strike or picketing at the Employer's establishment(s) involved?  No	None.										
Recent Contract, if any (Month, Day, Year)	8c. Tel. No.	8d. Cell No.			8e. Fax No	<b>5.</b>		8f. E-Mail Address			
(Name of Labor Organization)  10. Organizations or Individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  None.  10a. Name  10b. Address  10c. Tel. No. 10f. E-Mail Address  11c. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:  11a. Election Type:											
(Name of Labor Organization)  10. Organizations or Individuals softer than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  None.  10a. Name  10b. Address  10c. Tel. No. 10f. E-Mail Address  11c. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:  11d. Election Type:	9. Is there now a strike or picketing a	t the Employer's	establishme	nt(s) invo	lived? No	lf so, app	roximat	ely how man	ny employee	s are participating?	
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  None.  10a. Name  10b. Address  10c. Tel. No. 10c. Fax No. 10f. E-Mail Address  11c. Election Type:	(Name of Labor Organization)				411			has picketed	the Employ	er since (Month, Day,	Year)
10a. Name  10b. Address  10c. Tel. No. 10d. Cell No. 10d. E-Mail Address  11d. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:    11a. Election Type:	10. Organizations or individuals other									es and other organizat	ions and
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:    10e. Fax No.	None.										
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:    11a. Election Type:	10a. Name	10b.	Address					10c. Tel. No	0.	10d. Cell No.	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:    11a. Election Type:		1						10e. Fax N	0.	10f. E-Mail Address	
Image: Angle   International											
11b. Election Date(s):  June 14, 2019  12:00pm - 2:30pm  12b. Address (street and number, city, State and ZIP code):  Teamsters Local 856  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  International Brotherhood of Teamsters  12d. Tel. No.  (650) 635-0111  12e. Cell No.  (650) 635-1632  13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title:  Susan K. Garca, Attorney  13d. Cell No.  (510) 625-8275  13d. Cell No.  (510) 625-8275  15declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.	11, Election Details: If the NLRB co	nducts and election	on in this ma	atter, stat	e your posi	tion with respect to	any suc	h election:			
June 14, 2019  2:00pm - 2:30pm    Conference room on employer's premises											ed Manual/Mail
12a. Full Name of Petitioner (including local name and number):  Teamsters Local 856  12b. Address (street and number, city, State and ZIP code):  453 San Mateo Ave., San Bruno, CA 94066  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  International Brotherhood of Teamsters  12d. Tel. No.  (650) 635-0111  12e. Cell No.  (650) 635-1632  13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13b. Address (street and number, city, State and ZIP code):  Beeson, Tayer & Bodine, 483 Ninth Street, Oakland, CA 94607  13c. Tel. No.  (510) 625-9700  13d. Cell No.  (510) 625-8275  14deciare that I have read the above petition and that the statements are true to the best of my knowledge and bellet.  Date	11b. Election Date(s):			• •					•	•	
Teamsters Local 856  453 San Mateo Ave., San Bruno, CA 94066  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  International Brotherhood of Teamsters  12d. Tel. No.  (650) 635-0111  12e. Cell No.  (650) 635-1632  13e. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title:  13b. Address (street and number, city, State and ZIP code):  Beeson, Tayer & Bodine, 483 Ninth Street, Oakland, CA 94607  13c. Tel. No.  (510) 625-9700  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  Signature  Signature  Date	June 14, 2019	2:0	0pm - 2:	:30pm				confere	nce room	on employer's	premises
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  International Brotherhood of Teamsters  12d. Tel. No.  (650) 635-0111  12f. Fax No.  (650) 635-1632  12g. E-Mail Address  sfarber@ibt856.org  13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title:  Susan K. Garea, Attorney  13b. Address (street and number, city, State and ZiP code):  Beeson, Tayer & Bodine, 483 Ninth Street, Oakland, CA 94607  13c. Tel. No.  (510) 625-9700  13d. Cell No.  (510) 625-8275  14declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.  Signature  Date  Date	12a. Full Name of Petitioner (including local name and number):										
International Brotherhood of Teamsters  12d. Tel. No.   12e. Cell No.   12f. Fax No.   12g. E-Mail Address   12g. E	Teamsters Local 856 453 San Mateo Ave., San Bruno, CA 94066										
12d. Tel. No. (650) 635-0111  12e. Cell No. (650) 635-1632  13g. E-Mail Address sfarber@ibt856.org  13g. Name and Title: Susan K. Garea, Attorney  13d. Cell No. (510) 625-9700  12d. Fax No. (650) 635-1632  12g. E-Mail Address sfarber@ibt856.org  13d. Address (street and number, city, State and ZIP code): Beeson, Tayer & Bodine, 483 Ninth Street, Oakland, CA 94607  13c. Tel. No. (510) 625-8275  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.  Signature Name (Print)  12d. Fax No. (510) 625-8275  12d. E-Mail Address sfarber@ibt856.org  13d. Cell No. 13d. Cell No. (510) 625-8275  11de Date	12c. Full name of national or internati	ional labor organi	zation of wh	nich Petiti	oner is an a	affiliate or constitue	nt (if no	ne, so state)	:		
(650) 635-0111  (650) 635-1632  sfarber@ibt856.org  13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title:  Susan K. Garea, Attorney  13c. Tel. No.  (510) 625-9700  13d. Cell No.  (510) 625-8275  I declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.  Signature  Signature  Signature  Date	International Brotherhood	of Teamste	rs								
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title:  Susan K. Garea, Attorney  13b. Address (street and number, city, State and ZIP code):  Beeson, Tayer & Bodine, 483 Ninth Street, Oakland, CA 94607  13c. Tel. No.  (510) 625-9700  13d. Cell No.  (510) 625-8275  13e. Fax No	12d. Tel. No. 12e. Cell No. 12f. Fax No.										
13a. Name and Title: Susan K. Garea, Attorney  13b. Address (street and number, city, State and ZiP code): Beeson, Tayer & Bodine, 483 Ninth Street, Oakland, CA 94607  13c. Tel. No. (510) 625-9700  13d. Cell No. (510) 625-8275  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.  Signature  Signature  Date	(650) 635-0111									org	
Susan K. Garea, Attorney  Beeson, Tayer & Bodine, 483 Ninth Street, Oakland, CA 94607  13c. Tel. No.  (510) 625-9700  13d. Cell No.  (510) 625-8275  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.  Signature  Signature  Date		er who will accep	t service o	f all pape							
(510) 625-9700 (510) 625-8275 sgarea@beesontayer.com  I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  Name (Print) Signature A PO A 1 Title Date	Susan K. Garea, Attorney					•				dand, CA 94607	
(510) 625-9700 (510) 625-8275 sgarea@beesontayer.com  I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  Name (Print) Signature A PO A 1 Title Date	13c. Tel. No.	13d, Cell No.			13e. Fay h	No.		13f, E-Mail	Address		
I declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.  Name (Print)  Signature  Date										aver com	
Name (Print) Signature A D 11 Title Date		e petition and th	at the state	ments a			wledge		,000000111	., cr.com	
	Name (Print)				A ^	1 1					Date
Justific 10/1/2019	Susan K. Garea		1 8	$\mathcal{N}$	$n \sim 1$	$\mathbb{I}$		torney			6/7/2019

David L. Barber

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. Date Filed

20-RC-243076 6/11/2019

June 10, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Abatin Wellness Center 2100 29th St., Sacramento, CA 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Gary Hiller - owner Same 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e, Fax No 916-822-5699 ghiller@teambhc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Sacramento, CA Cannabis dispensary Cannabis retail 5b. Description of Unit Involved 6a. No. of Employees in Unit: 26 Included: See Attachment A 6b. Do a substantial number (30% See Attachment A or more) of the employees in the unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 6/10/2019 and Employer declined recognition on or about Check One: \_\_\_(Date) (If no reply received, so state). By this petition 6/10/2019 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s) 11d. Election Location(s): June 25, 2019 8:30-9:30 a.m. and 12:30-1 p.m. Employer's facility 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) United Food and Commercial Workers 8 - Golden State 2200 Professional Drive, Roseville, CA 95661 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food and Commercial Workers International Union 12d. Tel No. 12f. Fax No. 12g. E-Mail Address 916-786-0588 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. <sup>13a. Name and Title</sup> Jay Trumbull 13b. Address (street and number, city, state, and ZIP code) 2200 Professional Drive, Roseville, CA 95661 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 916-786-0588 jtrumbull@ufcw8.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attorney

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

## Attachment A

Included: All full time and regular part time employees who are employed by the Employer at its facility in Sacramento, including all bud tenders, bud backs, intake coordinators or front receptionists, and inventory control personnel.

Excluded: All managers, supervisors, and guards as defined by the National Labor Relations Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE	IN THIS SPACE
e No.	20-RC-243589	Date Filed June 19, 2019

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of; (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Altus Technical Solutions, LLC 1121 Annapolis Road #211, Odenton, MD. 21113 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) David Brashear - President Ritidian Point Main Site, Anderson AFB, Yigo, Guam 96929 3c Tel No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 443-312-2069 443-223-5755 dbrashear@altusts.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Electronic Warfare Site Provide operations and maintenance support for aircrew training Yigo, Guam 5b. Description of Unit Involved 6a, No. of Employees in Unit; Included: Site Lead, Electronics Technician All Levels 6b. Do a substantial number (30% or more) of the employees in the Excluded: Any and all mangers, supervisor, superintendent, watchmen, and security personnel unit wish to be represented by the Petitioner? Yes ✓ No Check One: Request for recognition as Bargaining Representative was made on (Date) 6/19/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10b. Address 10c, Tel. No. 10d. Cell No. 10e. Fax No 10f F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🗸 Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): July 11, 2019 1:00pm - 1:15pm Break room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Hawaii Teamsters and Allied Workers, Local 996 1817 Hart Street, Honolulu, Hawaii 96819 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d. Tel No. 12e, Cell No. 12f. Fax No 12g. E-Mail Address 808-847-6633 808-842-4575 loc996@hawaii.rr.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Asi Fakaosi, Assistant to the President/ Organizer 13b. Address (street and number, city, state, and ZIP code) 1817 Hart Street, Honolulu, Hawaii 96819 13c. Tel No. 13d. Cell No. 13e, Fax No. 13f. E-Mail Address 808-847-6633 808-940-3540 808-842-4575 asi@hawaiiteamsters COR I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. 2 Name (Print) Date S Asi Fakaosi جب Assistant to the President June 19, 2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RD) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	<u> </u>	Date Filed		
	20-RD-243652	06/20/2019		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanded by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB-4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

the employer and all other part Case Procedures (Form NLRB								
PURPOSE OF THIS PETITION     recognized bargaining represen     Labor Relations Board proces	tative is no long	er their representa	itive. The Petitione	r alleges that t	he followin	g circumstances ex		
2a. Name of Employer			2b. Address(es) of	Establishment	(s) involved	(Street and number,	city, state, ZIP code	<del>)</del>
Hawaii Water Service Con			68-1845 Waik	oloa Rd, Su	ite 216	Waikoloa,HI 96	738	
3a. Employer Representative - Na			3b. Address (If san	ne as 2b - state	same)			
Tony Carrasco- General M			Same					
·	3d. Fax No.		3e. Cell No.		3f. E-Mail			
	808-883206		808-756-5250			o@calwater.com		
4a. Type of Establishment (Factory	, mine, wholesa	ler, etc.)				al product or service		
Water Utlity					Water a	nd Wastewater		
5a. Description of Unit Involved Included:							5b. City and is located	State where unit
See "Attachment"							Waikoloa	
							, , , , , , , , , , , , , , , , , , ,	,
Excluded:								
See "Attachment"								
6. No. of Employees in Unit 27			r (30% or more) of the epresentative? 🔀 \		n the unit no	longer wish to be re	presented by the ce	ertified or currently
8a. Name of Recognized or Certifie	d Bargaining Ag	ent				8b. Affiliation, if any		
Jami Simon						Utility Worker	s Union of ame	rica,AFL,CIO
8c. Address				8d. Tel. No.		8e. Cell No.		
2057 South Oxford ST				İ		323-243-9879		
Los Angeles, CA 90018				8f. Fax No.		8g. E-Mail Address		
_						jamisimon@uv	wua.net	
<ol> <li>Date of Recognition or Certificati May 31, 2018</li> </ol>	on		10. Expiration Date	of Current or I	Most Recen	Contract, if any (Mo	onth, Day, Year)	
11a. Is there now a strike or picketi	ng at the Employ	ver's establishmer	nt(s) involved?	res 🔀 No	11b. If so.	approximately how n	any employees are	narticinating?
11c. The Employer has been picket				<u> </u>	110.1100,	approximatory now n		a labor organization, of
	led by or on ben	all Of (misert Nam	16)					
(Insert Address)		in Harris O and 44	o which have slaim	ad reception			e (Month, Day, Yea	<i>x</i> 7
12. Organizations or individuals oth and individuals known to have	er mose named a representative	interest in any err	c, which have claim ployees in the unit (	ea recognition described in ite	as represen m 5 above.	tatives and other org (If none, so state)	None None	
12a, Name	12b. Addre		1		12c. Tel. N		12d. Fax No.	
					12e. Cell N	lo.	12f. E-Mail Addres	s
	İ				İ			
13. Election Details: If the NLRB matter, state your position with	conducts an ele-	ction in this Yes	for Decertificati	on	13a. Electi	on Type: 🔀 Manua	Mail 🗌	Mixed Manual/Mail
13b. Election Date(s)	oopoor to arry o	13c. Election Tin	ne(s)		13d. Electi	on Location(s)		
July 3, 2019		1000	• •		Waikoloa, Kukio (Kona), Puakalani, and Kaanapali			
14. Full Name of Petitioner								
(b) (6), (b) (7)(C)								
14a. Address (Street and number,	city, state, ZIP o	ode)			14b. Tel. N	lo.	14c. Fax No.	
b) (6), (b) (7)(C)								
					14d. Cell N (b) (6), (b		14e. E-Mail Addres	
14f-Affiliation, if any					(5) (5), (5	. (. )()	(b) (6), (b)	(1)(C)
15 Representative of the Petition	er who will acc	ent service of all	I papers for nurnos	ses of the renr	esentation	nroceeding.		
15a Name	ici iiiic iiiii ucc	ropt set the et al	papers to parpe	ses of the rep	15b.Title	procedurig.		
기를 드 글								
15c. Address (Street and number, o	city, state, ZIP co	ode)			15d. Tel. N	lo.	15e. Fax No.	
4 % 47								
1 Marin Banka galan Marina					15f. Cell N	0.	15g. E-Mail Addres	S
I declare that I have read the abo	ve petition and	that the stateme	nts are true to the	best of my kn	i owledge an	d belief.		
Name (Print) (b) (6), (b) (7)(C)	s	ignature	(b) (6) (b) (7		Title			Date Filed
(b) (6), (b) (7)(C) (D) (6), (D) (7)(C)	<b>(</b> b	(6), (b) (7)(C)	(b) (b) (l	/( )	(b) (6),	(b) (7)(C)		061819
	ATEMENTS		CAN BE PUNISHE	D BY FINE AN	<u> </u>		ECTU	ON 1001)

## Included:

All full-time and regular part-time employees in the job classifications of Chemist, Customer Service Representative, Customer Service Representative/ Operations Clerk, Operations Clerk, Electro-Mechanical Technician, Utility Operator 1, Utility Operator 2, Utility Operator 3, Utility Plant Operator 2, Utility Worker, and Water Quality Lab Technician.

## Excluded:

All other employees, managers, and supervisors as defined in the Act

EB-REGION 37

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 20-RC-243621	Date Filed 6/20/2019				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Buchanan Food Service 5980 State Farm Drive, Rohnert Park, CA 94928 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Bruce Buchanan, Owner same 3c. Tel. No. 3d. Cell No. 3e. Fax No 3f. E-Mail Address barbi\_buchanan@yahoo.com (707) 584-4643 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Rohnert Park, CA Wholesale grocer Food 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See Attached See Attached Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 🗷 Yes 🔲 No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition by this petition on or about (Date) (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address None 8c. Tel. No. 8d. Cell No. 8e, Fax No 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved?  $N_0$ If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): July 12, 2019 noon - 12:30 p.m. Employer's premises 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local 665 1371 Neotomas Avenue, Santa Rosa, CA 95405 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (707) 331-1124 (707) 486-6801 (707) 541-0188 myates@teamsters665.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Andrew H. Baker, Attorney for Petitioner 483 Ninth Street, Ste. 200, Oakland, CA 94607 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (510) 625-9700 (510) 625-8275 abaker@beesontayer.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Andrew Baker 06/19/19 Attorney for Petitioner

#### ATTACHMENT TO RC PETITION

## **Buchanan Food Service**

#### **5b.** Description of Unit Involved:

By this petition, Petitioner seeks a self-determination election among the Employer's office clerical employees to determine whether they wish to be added to the Employer's bargaining unit already represented by Petitioner.

CURRENT BARGAINING UNIT: All full-time and regular part-time drivers and warehouse workers employed by the Employer at its Rohnert Park, CA, facility; **excluding** all other employees, guards, and supervisors as defined by the Act.

PROPOSED BARGAINING UNIT: All full-time and regular part-time drivers, warehouse workers and office clericals employed by the Employer at its Rohnert Park, CA, facility; **excluding** guards and supervisors as defined by the Act.

## 6.a. Number of Employees in Unit:

Number of employees **currently** in bargaining unit: approximately 10

Number of employees in **proposed** bargaining unit: approximately 12

Lynn E. Panagakos

WILLFUL FALSE STATEMEN

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. Date Filed 20-RC-243705 June 21, 2019

June 21, 2019

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Servco Pacific Inc. 2850 Pukoloa St., Suite 300, Honolulu, HI 96819 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Rick Ching, President COO same 3c Tel No 3d Cell No 3e. Fax No. 3f F-Mail Address 808-564-2377 808-341-6383 rick.ching@servco.com; rickc@servco.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Automotive Distribution Honolulu, HI 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All regular full-time car carrier drivers. 6b. Do a substantial number (30% or more) of the employees in the Managers, supervisors, confidential employees and all others not mentioned above. unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) by petition and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 'n 8i. Expiration Date of Gurrent or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual ]Mail \_ Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): July 8 or July 9, 2019 6:30 a.m. - 8:00 a.m. Vehicle Processing Center, 2101 Auiki St., Ste A, Employee Break Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Longshore & Warehouse Union (ILWU) Local 142 451 Atkinson Drive, Honolulu, HI 96814 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Longshore & Warehouse Union 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 808-949-4161 808-645-0193 808-955-1915 rclough@ilwulocal142.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Lynn E. Panagakos, Attorney at Law 13b. Address (street and number, city, state, and ZIP code) 841 Bishop Street, Suite 2201, Honolulu, Hawaii 96813 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f, E-Mail Address 808-521-3336 808-542-9943 808-566-0347 lynnpanagakos@yahoo.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date

> TS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Attorney for Petitioner

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
20-RC-242761	6/5/2019				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.										
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.										
2a. Name of Employer:	dress(es) of	ress(es) of Establishment(s) involved (Street and number, City, State, ZIP code):								
PepsiCo			3029 Coffey Lane, Santa Rosa, CA 95403							
3a. Employer Representative - Name and Title:			3b. Address (if same as 2b - state same):							
William Jones, Market Sal	Sam	Same								
3c. Tel. No.	3d. Cell No.		3e. Fax No. 3f. E-Mail Address							
(707) 535-4560 (707) 974-9652						William.Jones@pepsico.com				
4a. Type of Establishment (Factory, mine, wholesaler, etc.)			4b. Principal Product or Service			5a. City and State where unit is located:				
Delivery service			Soft di	rinks		Santa Rosa, CA				
5b. Description of Unit Involved:						6a. Number of Employees in Unit:				
Included: All full-time and regular part-time commercial drivers 17										
working at or out of Santa Rosa and Ukiah.										
Excluded:						6b. Do a substantial number (30% or more) of the employees in the unit wish to be				
All other employees, supervisors and guards, as defined in the Act. represented by the Petitioner?  Yes No										
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about (Date) (If no reply received, so state).										
7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.										
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address:										
None.										
8c. Tel. No.	8d. Cell No.		8e. Fax No.		8f. E-Mail A	8f. E-Mail Address				
8g. Affiliation, if any:			Bh. Date of i	h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Yea				ear)		
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?										
(Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)										
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and										
individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)										
None.										
10a. Name 10b. Address		Address			10c. Tel. N	10c. Tel. No.		10d. Cell No.		
					10e. Fax N	10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB cor	nducts and electio	n in this matter, st	ate your pos	ition with respect to any	such election:					
								Mixed	Manual/Mail	
11b. Election Date(s): 11c. Election Time(s			s): 11d. Ele			ction Location(s):				
June 19, 2019  12a. Full Name of Petitioner (including local name and number):  12b. Address (street and number, city, State and ZIP code):										
12a. Full Name of Petitioner (including						405				
Teamsters Local 665 1371 Neotomas Avenue, Santa Rosa, CA 95405										
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):										
International Brotherhood of Teamsters										
12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address										
				(707) 541-0188 twoods@teamsters665.org						
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.										
13a. Name and Title: Sheila K. Sexton, Attorney for Petitioner			13b. Address (street and number, city, State and ZIP code): 483 Ninth Street, Ste. 200, Oakland, CA 94607							
13c. Tel. No. 13d. Cell No.			13e. Fax No.		13/ E-Mail	13f. E-Mail Address				
(510) 625-9700			(510) 625-8275							
I declare that I have read the above petition and that the stater						ssexton@beesontayer.com				
Name (Print) Signature				\ \	Title					
Sheila K. Sexton		//-			Attorney for Petitioner 06/05/19					

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board